

1 **CLINICAL TRAINING AGENCY**
2 **Interim Specification**
3 **1/B54: Vocational Training in Public Health Medicine**
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5 **1.0 PREAMBLE**
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7 This specification describes the requirements and support functions for
8 registrar training in Public Health Medicine (PHM). It reflects the
9 requirements of the Standard Setting Body approved by the Medical Council
10 of New Zealand (MCNZ).
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12 The training leads to eligibility to apply for both Fellowship of the Standard
13 Setting Body and for vocational registration to the MCNZ.
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15 In this specification, the term 'trainee' is used to refer to 'registrar' - meaning a
16 registrar in training as defined in Section 3.1, Trainee Eligibility for Funding.
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18 The term 'Training Programme' is used to refer to the programme delivered
19 by the training provider contracted by the CTA to deliver the programme.
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21 The term 'Training Programme documentation' is used to refer to written
22 documents used for the Training Programme and approved by the Training
23 Programme Provider and/or Standard Setting Body (whichever approval body
24 is appropriate).
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26 Other terms are defined in the CTA Head Agreement and/or Service
27 Agreement.
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30 **2.0 DESCRIPTION OF SERVICES**
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32 **2.1 General**
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34 The Training Programme in PHM is of 45 months duration. It may be
35 undertaken on a part-time basis. There is a minimum requirement of 0.5 FTE
36 training throughout the Training Programme. Entry into both the Basic and
37 Advanced programme is through selection by the Standard Setting Body.
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39 Training Programme documentation describes Public Health Medicine as "the
40 vocational branch of medicine concerned with improving the health of the
41 population rather than treating the diseases of individual patients." Public
42 health physicians work in diverse roles and settings. Examples include:

- 43 • Medical Officers of Health employed by District Health Boards
- 44 • policy advisors and managers
- 45 • public health programme advisors and leaders
- 46 • research and teaching in tertiary education.
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48 The overall objective of the programme is to develop a public health physician
49 competent to work within the multidisciplinary field of public health, carrying
50 out functions such as:
51 a. Advising on the actions that groups, communities, regions and countries
52 can take to improve their health.
53 b. Protecting populations from a wide range of potential risks and hazards,
54 and managing health-related emergencies.
55 c. Promoting the reduction of population health inequalities through
56 specific, culturally appropriate advice.
57 d. Assessing populations' needs for health services and health promoting
58 interventions.
59 e. Utilising evidence and population-based approaches to health
60 leadership, health services management, health policy and the
61 economics of health care.

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63 **2.2 Competencies**

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65 The Training Programme identifies training and practice competencies
66 required to carry out those functions. The current¹, main competency
67 categories detailed in Training Programme documentation are:-

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- 69 a. Professional development and self-management competencies
- 70 b. Communication, leadership and teamwork competencies
- 71 c. Universal cultural competencies
- 72 d. Te Tiriti o Waitangi and Maori Health competencies
- 73 e. Ethnic minority health competencies
- 74 f. Public health information and critical appraisal competencies
- 75 g. Public health research and teaching competencies
- 76 h. Policy analysis, development and planning competencies
- 77 i. Health care and public health programme evaluation competencies
- 78 j. Health promotion and community development competencies
- 79 k. Health protection and risk management competencies
- 80 l. Infectious disease prevention and control competencies
- 81 m. Chronic disease, mental illness and injury prevention competencies
- 82 n. Health sector development competencies
- 83 o. Organisational management competencies

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85 At the end of the Training Programme, trainees must be able to demonstrate
86 attainment of a specified subset of the competencies at Level 2, defined as:
87 "Demonstrates effective application of the competency, at least in a supported
88 environment." Trainees must attain at least Level 1 for the remaining
89 competencies, defined as "Understands key concepts and important factual
90 knowledge."

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92 Throughout the Training Programme, trainees are expected to produce work
93 for publication, to make oral presentations at conferences and to prepare
94 media material. This is documented and assessed during training via an

¹ Competency requirements are subject to change by the Standard Setting Body and Training Programme.

95 ongoing credit points system as outlined in Training Programme
96 documentation.

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99 **2.3 Programme structure**

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There are two parts to the Training Programme:

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2.3.1 Basic Training comprises core and optional university papers, and
104 presentation of a dissertation/thesis to successfully complete the Masters in
105 Public Health (MPH). This is a compressed academic programme of 16
106 months duration. During the university summer semester the trainee
107 continues with work on the MPH dissertation/thesis. Trainees are fully
108 involved in the Training Programme, ie mentors are available, and regional
109 and other training is undertaken during this time as well.

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The Training Programme pays the tuition and exam fees that are charged by
112 the universities for the cost of the trainees attending the programme of study.
113 This does not include the costs covered by the funding that the universities
114 receive from the Tertiary Education Commission.

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The CTA funding provides a bursary to trainees for a maximum of 16 months
117 of full time study, at a level specified in the Service Agreement, subject to
118 case by case exceptions outlined in 2.9.

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2.3.2 Advanced Training commences during the trainee's second year. It is
121 a self-directed, competency based programme of learning requiring trainees
122 to undertake projects, which they undertake while working in different public
123 health placements over 29 months. Projects and site experiences are
124 planned with the support and guidance of a Mentor, and must be approved by
125 the Training Programme to ensure that all competencies can be
126 demonstrated and assessed via the projects and site experiences selected by
127 the trainees. Planned and programme-approved project work is expected to
128 occupy a minimum of one third of a trainee's time over each placement; the
129 remaining time will be spent undertaking service work.

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Teaching is provided through a programme of workplace experience and
132 project work undertaken within approved placements. Learning is facilitated
133 through interactions and collaboration with medical and other public health
134 staff, mentoring, formal teaching, weekly training sessions, regional and
135 national training, continuing medical education activities, research,
136 publication, trainee presentations at conferences and public meetings, and
137 private study.

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The Training Programme pays an Advanced Training endowment to the
140 placement sites, to compensate employers for the time trainees are off-site for
141 training, as well as the costs of time the Trainer devotes to supervision of the
142 trainee. The levels of this endowment for each year of Advanced Training are
143 set in the Service Agreement.

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145 **2.4 Learning Environment**

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2.4.1 Basic Training

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2.4.2 Advanced Training

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2.5 Public Health Placements (Advanced Training)

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2.5.1 General Provisions

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Over the 29 months of Advanced Training placements, the trainee is provided with work experiences that ensure that the competencies required by the Standard Setting Body can be achieved through:

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- relevant project work to meet Training Programme requirements
- relevant service work
- contact and collaborative work with a multidisciplinary mix of public health staff
- contact with appropriate role models
- provision of an on-site Trainer who provides supervision and guidance on both project and service work and teaching and assessment of the trainee. This Trainer would usually be based in the same work environment, but other suitable arrangements may be made where this is appropriate for the trainee, the Training Programme, and the placement site. When the Trainer is not based at the same site, the trainee must seek the consent of the Training Programme and training placement site, who must be satisfied that the level of supervision and training will be adequate.

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All placements must be approved by the Training Programme provider. The Training Programme provides written guidelines for all Trainers and placement sites.

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Trainees provide feedback to the Training Programme on completion of each placement, and personnel from the Training Programme periodically review each training site.

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Training placement employers are expected to release trainees for approximately 10% of the working week (on an FTE basis) for Training Programme activities such as:

- self-directed learning sessions with other trainees

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- regional training organised by the Regional Director of Training
 - national training days
 - regular meetings with the trainee's mentor
 - conferences such as the public health medicine annual scientific meeting and public health conferences.

2.5.2 Pacific Island Placements

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Ministry of Health funding may be used to subsidise the cost of approved training placements in Pacific Island nations. The following provisions apply:

The level of the Ministry funding is limited to the amount that would have been paid for the trainee to complete a placement in New Zealand.

The Training Programme must have a formal agreement with a suitable organisation to ensure that all of the obligations of training placement sites will be met.

The Trainer must be a public health physician, vocationally registered in New Zealand, or equivalent as agreed by the National Director of Training (NDoT).

2.6 Formal Teaching Programme (Basic Training)

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The Basic Training academic programme is currently provided by the University of Auckland and University of Otago (with campuses at Wellington, Christchurch and Dunedin) and provides an adult learning environment that will:

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- ensure a solid academic base in epidemiology and other core disciplines of public health
 - provide an opportunity to work with other public health workers
 - facilitate a culture shift for doctors from clinical medicine to population health.

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Trainees must complete a dissertation or thesis, with the topic, size and research questions approved by the Training Programme. Approval will consider the required public health medicine competencies. Grading of the completed dissertation/thesis is carried out by the relevant university.

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Attainment of a B or higher mark for all papers plus the dissertation or thesis is required to successfully complete Basic Training. Trainees with less than a B average will be reviewed by the Standard Setting Body, with regard to the continuation of training.

2.7 Access to resources

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Basic trainees will have full student access to, at minimum, all university facilities offered to other MPH students.

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Advanced trainees will be advised of approved and potential training placements. In addition, the Training Programme will make available up to date guidelines for trainees and training placement sites, outlining the

244 expectations of resources and support to be made available to Advanced
245 trainees by the placement sites.

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248 **2.8 Travel and Accommodation**

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250 Trainees are eligible for reimbursement to subsidise their transport and
251 accommodation costs as specified in the Training Programme's current
252 Service Agreement with the Ministry of Health. The travel subsidy is for actual
253 trainee costs for trainees who are required to travel further than a specified
254 number of kilometres by road one way from the usual place of work to the
255 required Training Programme activity. The accommodation subsidy is for
256 actual trainee costs for accommodation when required to attend Training
257 Programme activities.

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259 Funds provided by the Ministry of Health are not to be used for child care.

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262 **2.9 Supervision**

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264 The required level of supervision and ongoing assessment of trainees must
265 be provided to ensure the quality of training, educational support and
266 guidance so that the trainee achieves expected outcomes, and is overall
267 assessed as having satisfactorily completed the course of training.

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269 In addition to educational supervision, the Training Programme offers practice
270 supervision to trainees via directors of training, mentors, Pacific support, and
271 Advanced Training Trainers, as described below.

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274 **2.9.1 National Director of Training (NDoT)**

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276 The role of the NDoT is to provide active support for a quality training
277 programme for public health medicine training in New Zealand, in consultation
278 with the Training Programme and the Standard Setting Body. This includes:

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- 280 • support of trainees in achieving their maximum potential during training
281 towards vocational registration with the MCNZ and Fellowship of the
282 Standard Setting Body
- 283 • ensuring that the Training Programme selection process is robust and
284 inclusive
- 285 • ensuring appropriate training environments, including mentorship,
286 practice supervision, projects, and support systems are in place in
287 training placements
- 288 • support of RDoTs, to ensure consistency of training across all regions
- 289 • assist the Training Programme to follow best practice at all times.

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2.9.2 Maori Director of Training (MDoT)

The MDoT supports the Training Programme to meet the needs of Maori populations and Maori trainees. The MDoT plays a significant role in:

- promoting the Training Programme to prospective Maori trainees
- providing training, mentoring, placement supervision and career planning for Maori trainees, in liaison with their RDoT
- assisting Maori trainees to acquire Maori health expertise and cultural competencies, including Te Reo, Tikanga and development of Maori networks
- advising the Training Programme on policies and procedures relevant to Maori
- supporting the development and delivery of training placements in Maori organisations
- liaising and promoting the Training Programme with Te ORA, the Maori doctors' association, and with other relevant Maori health organisations.

The Ministry of Health funding for the MDoT includes provision for personnel and funds to support trainees. The Service Agreement will specify the financial provisions, outputs and outcomes expected.

2.9.3 Regional Directors of Training (RDoT)

RDoTs are responsible for ensuring that appropriate trainee supervision, training and assessment occur at a regional/local level. RDoT duties include:

- interviewing trainees annually to identify mentoring and supervision needs
- assisting with career planning for trainees
- facilitating and identifying suitable Mentors, Trainers and supervisors
- acting as a Mentor for first year trainees
- providing guidance to first year trainees on choice of MPH papers
- reviewing and approving all training and project proposals and end-of-year reports, ensuring that trainees obtain formal feedback from project Trainers or clients, and addressing any issues that arise
- organising Regional Training Days
- providing general advice to trainees and others seeking information concerning the Training Programme as required.
- supporting Training Placements to meet the Programme's requirements.

2.9.4 Mentors

Throughout the Training Programme, all trainees must have a Mentor, who is a vocationally registered public health physician.

340 The Mentor role is to:

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- 342 • provide one to one support and constructive critique of the trainee.
- 343 • advise on learning experiences and opportunities (especially for core
- 344 skills and competencies).
- 345 • ensure integration of theoretical and work experiences
- 346 • assist with the process of learning from experience
- 347 • provide career guidance.

348

349 Trainees have contact with their Mentor at least monthly. The Training
350 Programme provides guidelines for trainees and Mentors.

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352 **2.9.5 Support for the Training Programme to meet the needs of Pacific** 353 **populations and Pacific trainees**

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355 The Training Programme provider allocates resources towards:

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- 357 • promoting the Training Programme to prospective Pacific trainees
- 358 • ensuring that all trainees achieve the cultural competencies related to
- 359 Pacific peoples
- 360 • mentoring and supporting Pacific trainees to acquire Pacific Health
- 361 expertise and cultural competencies, and development of Pacific
- 362 networks
- 363 • supporting the development and delivery of training placements in Pacific
- 364 provider settings
- 365 • liaising and promoting the Training Programme with the Pacific Medical
- 366 Association, and with other relevant Pacific health organisations.

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368 **2.9.6 Education Supervision**

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370 Basic trainees receive university staff supervision and teaching support for
371 papers undertaken, and for their MPH dissertation/thesis. Educational
372 supervision is provided from the funding that the universities receive from the
373 Tertiary Education Commission.

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375 **2.9.7 Advanced Training Placement Supervision**

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377 Advanced Training project work assistance and day-to-day oversight at a
378 particular training placement is provided by a Trainer with specialist
379 knowledge and skills who can provide guidance to a trainee on project work
380 and other activities at a particular training placement.

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382 The RDOT ensures, in consultation with the trainee and Mentor, that the
383 placements, project work, range of duties, and degree of responsibilities are
384 consistent with the trainee's learning needs (as defined in their annual training
385 plan), current skill base and that learning can progress towards achievement
386 of public health medicine competencies.

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388 The Trainer and training placement organisation provide feedback on project
389 work, both during and at the completion of the placement.

390 Assessment of projects prior to the end of training are done by a project
391 assessor who is a public health physician identified by the NDoT.

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393 **2.10 Programme Coordination**

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395 National Programme Coordination provides the management and
396 administrative functions of the Training Programme, and ensures that the
397 following functions occur:

398 a. managing the Training Programme's contract with the Ministry of Health

399 b. record keeping and reporting information necessary for the Ministry of
400 Health

401 b. facilitating the travel funding processes, including applications,
402 disbursements to trainees, record keeping and reporting

403 c. invoicing the Ministry of Health

404 d. making payments to education providers for tuition and exam fees, and to
405 employers for the endowment, on the basis of written agreements

406 e. paying/reimbursing trainees' programme costs according to the
407 provisions in this specification

408 f. coordinating the advertising, recruitment and selection of trainees and
409 Mentors

410 g. advising the trainees on the Training Programme requirements

411 h. ensuring trainees have access to university facilities and support as
412 needed to meet the requirements of Basic Training

413 i. ensuring trainees have access to workplace facilities and support as
414 needed to meet the requirements of Advanced Training

415 j. planning and facilitating Advanced Training placements

416 k. providing information on Advanced Training placement requirements

417 l. operating a robust complaints process for trainees and other Training
418 Programme participants

419 m. training Mentors and Trainers

420 n. coordinating training days

421 o. developing and administering quality management systems

422 p. mediating and managing relationships between trainees and training
423 placement personnel

424 q. assisting with developing, documenting and making available all training
425 policies and processes

426 r. collecting information on the perspectives of employers of graduates on
427 the Training Programme, and addressing any issues arising

428 s. collecting and recording all formative and summative training
429 assessments and ensuring training requirements have been completed
430 by the trainee

431 t. arranging for the independent administration of a trainees survey
432 regarding their expectations and experience in the programme, including
433 cultural aspects

434 u. maintaining the Training Programme's good standing with the Standard
435 Setting Body approved by the MCNZ.

436

437 **2.11 Expected Outcomes**

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439 At the completion of the Training Programme, the Standard Setting Body
440 administers assessment processes to determine whether the trainees have
441 met their requirements for Fellowship. The final outcome is vocational
442 registration as a public health medicine specialist with the MCNZ.

443 Intermediate outcomes are an expectation that trainees will progress through
444 Basic and Advanced training within the allocated timeframes (16 and 29
445 months respectively).

446

447 The Training Programme will have a process to monitor trainee progress and
448 will provide reasonable assistance and support to trainees who are not able to
449 meet the allocated timeframes.

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451 On a case-by-case basis, Ministry of Health funding can be used to support
452 trainees who can demonstrate that they have a good reason for not
453 progressing as expected. The financial support will be limited to six additional
454 months for completion of Basic Training, and six additional months for
455 completion of Advanced Training. The Training Programme will have policies
456 and procedures to formalise the granting of additional funding to specific
457 trainees, and will seek Ministry of Health approval for each case.

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459 **3.0 ELIGIBILITY**

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461 **3.1 Registrar (Trainee) Eligibility for Funding**

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463 Trainees must at all times:

- 464 • Have a general scope registration as a medical practitioner from the
465 MCNZ.
- 466 • Be either a New Zealand citizen or have permanent New Zealand
467 residency

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469 Medical graduates who do not meet the above criteria may be considered on
470 a case-by-case basis.

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472 Basic training is limited to 16 full time months, and trainees must:

- 473 • Be enrolled on a University Masters of Public Health (MPH) programme.
- 474 • Be enrolled in the Training Programme at least 0.5 FTE

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476 Advanced is limited to 29 full time months, and trainees must:

- 477 • Be enrolled in the Training Programme at least 0.5 FTE
- 478 • Have completed Basic Training as approved by the Training Programme.

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480 **3.2 Provider Eligibility**

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482 The Training Programme provider must be accredited by the Standard Setting
483 Body to deliver the Training Programme, and have a formal and effective
484 working relationship with the Standard Setting Body. Any subcontracting of
485 training must comply with Part 9 of the CTA Head Agreement, and can only
486 occur with our prior written consent.

487 **4.0 LOCATION AND SETTING**

488

489 Basic Training is currently located at the campuses of the University of
490 Auckland and University of Otago (with campuses at Wellington,
491 Christchurch, and Dunedin).

492

493 Advanced Training is provided at training placement sites approved by the
494 Training Programme. The Ministry of Health requires that public health
495 medicine training placements occur at organisations that are publicly funded,
496 or have a significant level of public funding. Exceptions can be made on a
497 case-by-case basis if the Training Programme would otherwise approve the
498 placement.

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501 **5.0 ASSOCIATED LINKAGES**

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503 The Training Programme Provider will have established linkages with:

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- 504 • University of Auckland
- 505 • University of Otago
- 506 • The Standard Setting Body
- 507 • Providers of training placements
- 508 • Medical Council of New Zealand
- 509 • Research Institutes
- 510 • Employers and potential employers of public health physicians
- 511 • Te Ohu Rata o Aotearoa (Te ORA)
- 512 • The Pacific Medical Association

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515 **6.0 PURCHASE UNIT**

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517 The purchase unit is based on FTE trainees in Public Health Medicine
518 enrolled with the Training Programme. Part time training is purchased on a
519 pro-rata FTE basis.

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522 **7.0 QUALITY STANDARDS**

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524 *This should be read in conjunction with Schedule 1 Part 3 of the CTA Head*
525 *Agreement, which specifies **generic** quality requirements for all programmes*
526 *provided under the contract.*

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528 **7.1 Quality Improvement Plan**

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530 The Training Programme provider has a quality improvement plan to monitor
531 the effectiveness of the programme both during, and on completion of the
532 programme. This plan must:

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- 533 • Monitor the applicability of the MPH programme and its effectiveness and
534 provide annual feedback to the universities.

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- Monitor trainee assessment practices to ensure that trainees receive formal and informal feedback on their progress, and that assessment is reliable and valid.
 - Monitor the applicability, usefulness, and accessibility of the national and regional training.
 - Ensure that protocols and procedures for assisting non-performing trainees and for handling trainee complaints are known to all parties and are utilised.
 - Require an independently administered, anonymous survey of trainees, recent graduates, and those who have left the programme will be undertaken at least every three years.

548 **8.0 REPORTING REQUIREMENTS**

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550 *This should be read in conjunction with Schedule 1 Part C of the CTA Head*

551 *Agreement, which specifies **generic** reporting requirements for all*

552 *programmes provided under the Contract and requires annual submission of*

553 *evaluative feedback from trainees and Trainers via the Report 2 Evaluative.*

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555 **8.1 Annual Financial Report**

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557 The Training Programme provider will provide an annual financial report,

558 signed off by a qualified accountant, using generally accepted accounting

559 principles, which outlines the expenditure of the funds provided by the Ministry

560 of Health for this Training Programme. The Service Agreement will provide

561 details of the required reporting categories.

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563 **8.2 Outcomes for Case by Case Funding Extensions**

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565 The Training Programme will record and report the outcomes for those who

566 have applied for extra funding, per the case by case provisions of section 2.9

567 of this Specification. The Service Agreement will provide details of the

568 required reporting.

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570 **8.3 Reporting of Issues and Risk**

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572 Schedule 1 Part C (11) of the Head Agreement also requires the training

573 provider to report on any risks or issues or problems which could affect

574 service delivery or attract high media or public interest.

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